

ORIGINAL

TO BE RETURNED TO THE UNEMPLOYMENT COMPENSATION COMMISSION, TRENTON, NEW JERSEY

| STATE OF NEW JERSEY<br>UNEMPLOYMENT COMPENSATION COMMISSION   |  |    |      | FORM NO. U. C. 18A<br>EMPLOYER'S REPORT OF WAGES PAYABLE<br>TO INDIVIDUAL EMPLOYEES  |  |  |   |  |                     |
|---|--|----|------|--|--|--|---|--|---------------------|
| 1. EMPLOYER'S NAME, ADDRESS, AND REGISTRATION NUMBER  |  |    |      | 2. FOR THE QUARTER ENDED   |  | 3. EMPLOYER'S REGISTRATION NO.   |   |  |                     |
| PERCY SIMON, t/a<br>NEWARK EAGLES BASEBALL CLUB<br>156 SPRUCE STREET<br>NEWARK, NEW JERSEY<br><div style="text-align: right;">23153</div> |  |    |      | March 31, 1941<br>DUE IN THE OFFICE OF THE<br>COMMISSION NOT LATER THAN<br>April 30, 1941<br><div style="text-align: center; font-size: small;">DO NOT WRITE IN THIS SPACE</div> |  | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: center; font-size: small;">SHEET NO. _____ OF _____ SHEETS</div>   |   |  |                     |
| 5. TOTAL NUMBER OF EMPLOYEES LISTED ON THESE SHEETS:  |  |    |      |  |  |  |   |  |                     |
| Do Not Use This Space   | 6. EMPLOYEE'S SOCIAL SECURITY ACCOUNT NUMBER |    |      | 7. NAME OF EMPLOYEE<br>(Please Typewrite or Print in Ink)  |  | 8. Indicate Other Remuneration   | 9. TOTAL WAGES PAYABLE<br>Up to and including the first \$3,000.00  | 10. TOTAL WAGES PAYABLE<br>In Excess of \$3,000.00 | 11. SEPARATION DATE |
|   | 000  | 00 | 0000 |  |  | *  | Dollars   | Cents  |                     |
|   |  |    |      |  |  | Enter in this space an asterisk (*) to indicate that the amount of total wages payable includes other remuneration in something other than cash (such as Board and Room, Lodging, etc.) which is in addition to money wages. |   |  |                     |
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| 12. TOTALS FOR THIS SHEET—Total Wages Payable   |  |    |      |  |  |  | \$  | \$   |                     |
| 13. TOTAL OF ALL WAGES PAYABLE LISTED ON ALL SHEETS OF THIS RETURN  |  |    |      |  |  |  | 14. I certify that the information contained in this report and the sheets attached hereto is true and correct, and that the wages reported represent all wages payable to each employee for employment in pay periods ended in this quarter.<br><br>Date: _____ Signature _____<br>_____ Official Position _____ |  |                     |
| A. UP TO THE FIRST \$3000.00  |  |    |      |  |  |  |   |  |                     |
| B. IN EXCESS OF \$3000.00   |  |    |      |  |  |  |   |  |                     |
| C. TOTAL OF ITEMS 13A AND 13B   |  |    |      |  |  |  |   |  |                     |

Read instructions on the reverse side of the duplicate before filling out this form.